

Instructions for Contractor Intake

1. The Contractor Name is the name of your business as it appears on your business license.
2. Please mark your type of business. **Mark only one.** See definitions below:
 - **Sole Proprietorship** - one person owns all the assets of the business and is solely responsible for all the debts of the business.
 - **General Partnership** - association of two or more persons to carry on as co-owners of a business for profit.
 - **Limited Partnership** - a general partnership with some partners who contribute assets to the business, but do not take part in the business decisions.
 - **Corporation, for profit** – a fictitious legal entity/person which has rights and duties independent of the rights and duties of real persons and which is legally authorized to act in its own name through duly appointed agents. It is owned by shareholders and is usually created under the authority of state law.
 - **Corporation, non-profit** – a corporation which has qualified for tax-exempt status under Internal Revenue Code Section 501(c). Typically non-profit corporations are formed for religious, charitable, literary, scientific or educational purposes.
 - **Limited Liability Partnership** – a partnership formed pursuant to an agreement governed by the laws of the state of Washington and registered with the Secretary of State. Name of business must end in Limited Liability Partnership, L.L.P., or LLP.
 - **Limited Liability Company** – an entity formed pursuant to an agreement governed by the laws of the state of Washington and registered with the Secretary of State. Name of business must end in Limited Liability Company, Limited Liability Co., L.L.C. or LLC.
 - **Governmental Entity** – any agency, political subdivision, or unit of local government of this state including but not limited to, municipal corporations, quasi-municipal corporations, special purpose districts, and local service districts

If you have additional address you may submit them on a separate sheet of paper.

3. If your business is minority or woman-owned please indicate which description applies to your business. If your business is certified, please provide your certification number.
4. Sole proprietorships may skip this section and proceed to Section 5. All other business entities **must** complete this section.
5. Sole proprietorships **must** complete and follow the directions contained in this section. All other business entities may skip this section.
6. All businesses **must** complete this section and supply a list of all employees which meet the qualifications of this section.
7. *Please certify that the information provided in this form is accurate by signing and dating in this section.*

Ethics Certification page: Please have each person required by sections 4 , 5, and 6 to fill out the Ethics Certification form do so and sign the bottom. These must be returned with your completed Contractor Intake form.

Personal Services Contractor Intake: If your Intake packet include this page 4, please fill out completely and return with your Contractor Intake.



CONTRACTOR INTAKE – PART A CONTRACTOR SPECIFIC INFORMATION

This is NOT a contract. Part A requires general information about the contractor.
This form must be completed, signed and submitted before any contract is offered.

1. CONTRACTOR INFORMATION.	
CONTRACTOR NAME	
2. How is your business organized? (see instruction page for explanation of terms).	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation, for profit <input type="checkbox"/> Corporation, non-profit (attach copy of 501(c) status) <input type="checkbox"/> Governmental Entity <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Company	
The tax ID number you previously provided is . Fill in the tax ID number you use to pay your business taxes: <i>(mandatory, for tax purposes)</i> Sole Proprietor - Social Security (SSN): Other - Employer Identification Number (EIN):	Have you had any contract to provide services terminated for default? If so, please attach a list of each terminated contract with an explanation of the situation involved. <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your fiscal year end the same as the calendar year? (January through December)? 12/31 <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is no, what is your fiscal year end date?	
What is your Washington State Uniform Business Identifier (UBI) Number? <u>(Please attach a copy of your Washington State business license.)</u>	If you do not have a UBI Number, state why you are exempt from registering your business with the State of Washington.
Completion of this section with the following information is optional. Please indicate your race or culture. Check only one group. If you are of more than one race, please check "Other Race."	
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Indian (American) <input type="checkbox"/> Filipino <input type="checkbox"/> Samoan <input type="checkbox"/> White/Caucasian </div> <div style="width: 50%;"> <input type="checkbox"/> Eskimo <input type="checkbox"/> Guamanian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Race _____ </div> <div style="width: 50%;"> <input type="checkbox"/> Aleut <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other Asian/Pacific Islander </div> <div style="width: 50%;"> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Black/African-American </div> <div style="width: 50%;"> <input type="checkbox"/> Cambodian <input type="checkbox"/> Korean <input type="checkbox"/> Other Spanish/Hispanic/Latino(a) </div> <div style="width: 50%;"> <input type="checkbox"/> Chinese <input type="checkbox"/> Laotian </div> </div>	
Are you Spanish, Hispanic, or Latino(a)? If yes, please check one box below. <input type="checkbox"/> Mexican, Mexican-American, or Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Spanish/Hispanic/Latino(a)	
CONTRACTOR MAILING ADDRESS	
CONTRACTOR E-MAIL ADDRESS	
CONTRACTOR PHONE	CONTRACTOR FAX
3. Do any of the following descriptions apply to your business? If so, please check those that apply. Completion of this section is optional.	
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Certified, for profit Minority-Owned Business Enterprise (MBE) Certification Number: </div> <div style="width: 50%;"> <input type="checkbox"/> Certified, for profit Woman-Owned Business Enterprise (WBE) Certification Number: </div> <div style="width: 50%;"> <input type="checkbox"/> Non-certified, for profit Minority-Owned Business Enterprise (MBE) </div> <div style="width: 50%;"> <input type="checkbox"/> Non-certified, for profit Woman-Owned Business Enterprise (WBE) </div> <div style="width: 50%;"> <input type="checkbox"/> Community-Based Organization (CBO) (25% of the Board of Directors of the CBO are minorities representing the population whom the CBO serves) </div> <div style="width: 50%;"> <input type="checkbox"/> Owned by person(s) with disabilities </div> <div style="width: 50%;"> <input type="checkbox"/> None of the above apply </div> </div>	
CONTRACTOR CONTACT NAME	CONTRACTOR CONTACT EMAIL ADDRESS
CONTRACTOR CONTACT PHONE	CONTRACTOR CONTACT FAX



CONTRACTOR INTAKE – PART B CONTRACT SPECIFIC INFORMATION

This is NOT a contract. Part B requires information specific to the contract you wish to negotiate. A contract cannot be issued without this information.

CONTRACTOR DBA (if any) FOR THIS CONTRACT	
CONTACT PERSON FOR THIS CONTRACT	CONTACT PERSON EMAIL ADDRESS FOR THIS CONTRACT
CONTACT PERSON PHONE FOR THIS CONTRACT	CONTACT PERSON FAX FOR THIS CONTRACT
MAILING ADDRESS FOR THIS CONTRACT (if different from mailing address in PART A)	
BILLING ADDRESS FOR THIS CONTRACT (if applicable if different from mailing address in PART A)	
FACILITY ADDRESS FOR THIS CONTRACT (if applicable)	
RCW 42.52.(2) The following requirements must be completed before a contract can be issued.	
4. If your business is NOT a sole proprietorship, please attach a list of your business' partners, directors, officers, managers, and members. Include their names and positions. Are any of your business partners, directors, officers, managers, or members also officers or employees of the State of Washington? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , those persons who are also officers or employees of the State of Washington must complete the attached Ethics Certification form. Their completed Ethics Certification forms must be submitted with this Contractor Intake form.	
5. If you are a sole proprietor, are you an officer or employee of the State of Washington? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , and if your contract was not awarded as part of an open and competitive bid process OR if the process was open and competitive and the only bid received was from you, then you must obtain approval from the Executive Ethics Board prior to signing your contract with DSHS. RCW 42.52.120(2)(b) and (c). Contact the Executive Ethics Board at (360) 664-0871 or by e-mail at ethics@atg.wa.gov. Check whichever of the following boxes applies: <input type="checkbox"/> I am a state officer or employee. My contract was obtained as part of an open and competitive bid process and my bid was not the only bid received. <input type="checkbox"/> I am a state officer or employee. <u>My contract was not obtained through an open and competitive bid process OR my bid was the only one received.</u> A copy of my Executive Ethics Board approval is attached. Note regarding honoraria: Current state officers and employees contracting with DSHS for a speech, appearance, article, or similar item or activity in connection with their official role may be exempt from obtaining Executive Ethics Board approval if the payment is not prohibited under RCW 42.52.130(2). Contact your DSHS program representative for clarification.	
6. If any of your employees are also officers or employees of the State of Washington, will those employees perform work that your business is required to perform under this contract with DSHS?	
<input type="checkbox"/> YES <input type="checkbox"/> NO If YES , <u>attach a list</u> of those employees who are also officers or employees of the State of Washington and will be performing work that your business is required to perform under your contracts with DSHS. In addition, those employees must complete the attached Ethics Certification form. Their completed Ethics Certification forms must be submitted with this Contractor Intake form.	
7. I certify, under penalty of perjury as provided by the laws of the State of Washington, that all of the foregoing statements are true and correct, and that I will notify DSHS of any changes in any statement.	
Contractor Signature	Date
Printed Name	Title

ETHICS CERTIFICATION FOR CURRENT STATE EMPLOYEES

CONTRACTOR NAME	SERVICES THE CONTRACTOR WILL PROVIDE
CURRENT STATE OFFICER/EMPLOYEE NAME	CURRENT STATE EMPLOYER
TITLE OF YOUR STATE JOB	

I hereby certify that the following statements are true:

I am a current employee, member, manager, officer, director, and/or partner of the above-named contractor;

My role with the above-named contractor is not in conflict with the proper discharge of my official duties as a state officer or employee.

AND ONE OF THE FOLLOWING IS ALSO TRUE:

1. I will not receive any thing of economic value under the contract as defined in RCW 42.52.010 (20);

OR

2. I have complied with RCW 42.52.030 (2);

OR

3. I meet all of the following conditions:

- The contract is genuine and I will actually perform work under the contract.
- Performance of the contract is not within the course of my actual duties or under my direct supervision in my capacity as a state officer or employee.
- Performance of the contract will not require me to reveal any confidential information or cause me to violate any state agency rules pertaining to outside employment.
- The contract is neither performed for nor compensated by someone from whom I am prohibited from accepting a gift (those prohibited gift givers include all persons who are regulated by DSHS).
- The contract is not one expressly created or authorized by me in my official capacity as a state officer or employee.

I certify, under penalty of perjury as provided by the laws of the State of Washington, that the statements made in this Ethics Certification are true and correct, and that I will notify DSHS of any changes in any statement.

State Officer/Employee Signature	Date
Printed Name	Title